Appendix G



## PEACE RIVER SCHOOL DIVISION 4701 – 51 St. P.O. Box 380 GRIMSHAW, AB. PH: 780-624-3601 FAX: 780-332-1050

## **APPLICATION FOR APPROVAL OF WORK SITES/STATIONS**

School:	School Year:
Address:	School Code:
	Phone Number:
	Fax Number:
Work Experience Coordinator:	

## **PROGRAM TYPE(S)** (please write in right column)

iness/Practicum3.) Work Experience with Cadets/Canadian Forces
1.

4.) Special Project Credits 5) RAP 6) Work Study 7) Green Certificate 8) Career Internship

**Description of Stations:** 

Name of Business or Firm	Student's Supervisor in Business (Name & Phone Number)	Name(s) of Student Enrolled	Student Duties	Program Type (choose # from list above)

Name of Business or Firm	Student's Supervisor in Business	Name of Student Enrolled	Student Duties	Program Type (choose # from list above)